

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739727

FILED
Mar 01, 2011
Secretary of State

Entity Name: PLANTATION FARMS ASSOCIATION, INC.

Current Principal Place of Business:

5781 LISA LYNN RD
KEYSTONE HEIGHTS, FL 32656

New Principal Place of Business:

Current Mailing Address:

P O BOX 972 N/A
KEYSTONE HEIGHTS, FL 32656

New Mailing Address:

FEI Number: 59-2670980

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, PHILIP T
5781 LISA LYNN ROAD
KEYSTONE HEIGHTS, FL 32656 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: MILLER, PHILLIP
Address: 5781 LISA LYNN RD
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: T
Name: GAYLE, VICKI
Address: 5894 TRAWICK RD
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: D
Name: MILLER, VICTORIA
Address: 5777 LISA LYNN
City-St-Zip: KEYSTONE HEIGHTS, FL 32556

Title: V
Name: TAYLOR, THOMAS
Address: 5675 LISA LYNN RD
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: D
Name: MILLER, PHILIP E
Address: 5785 LISA LYNN RD
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: S
Name: SCHOFIELD, THOMAS
Address: 4330 BONDARENKO ROAD
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS SCHOFIELD

S

03/01/2011

Electronic Signature of Signing Officer or Director

Date